MedStar Family Choice
DISTRICT OF COLUMBIA

ADMINISTRATIVE POLICY AND PROCEDURE		
Policy #:	**1418.DC**	
Subject:	**Compression Garments for Lymphedema**	
Section:	**Medical Non-Pharmacy Protocols**	
Initial Effective Date:	**10/01/2020**	
Revision Effective Date(s):	**07/22, 07/24, 7/25**	
Review Effective Date(s):	**07/23**	
Responsible Parties:	**Medical Director**	
Responsible Department(s):	**Clinical Operations**	
Regulatory References:		
Approved:	**Director, Clinical Operations**	**Senior Medical Director (Chief Medical Officer-DC)**

Purpose: **It is the purpose of this policy to define the conditions under which compression garments for lymphedema will be authorized.**

Scope: **MedStar Family Choice District of Columbia**

Policy: **It is the policy of MedStar Family Choice District of Columbia to provide compression garments when it is medically necessary as outlined in the criteria below.**

Background:

MedStar Family Choice DC will require prior authorization for custom compression garments and compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing" for lymphedema.

1. Requests for custom compression garments and compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing" for lymphedema should be forwarded along with the supporting clinical information in accordance with the MedStar Family Choice Prior Authorization Policy.

A. Medical Description/Background:
Lymphedema is defined as the accumulation of fluid and fibroadipose tissues due to disruption of lymphatic flow. Lymphedema can be primary (e.g. congenital lymphedema) or secondary (e.g. caused by cancer, surgery, radiation therapy, etc.). It is a chronic condition that can be managed but is generally not curable. If lymphedema is left untreated it tends to gradually progress and inhibits activities of daily living. Treatment is best administered by practitioners with expertise in lymphedema treatment. Compression garments that are not properly fitted can lead to worsening of lymphedema.

Lymphedema garments are designed to maintain a reduced limb, not to reduce limb size. **These garments are to be ordered only once the extremity has been fully reduced using other modalities.**

B. Indications:
The use of custom compression garments and compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing" for the treatment of lymphedema may be considered medically necessary and approved when **all** the following are met:

1. Initial Garment Requirements:
    a. A documented diagnosis of lymphedema as well as the cause of the lymphedema (e.g. surgical procedure, cancer, traumatic episodes, underlying condition that has interrupted normal lymphatic drainage of the extremity)
    b. Compression garments for any area other than extremity, hand, foot will not be covered
    c. The Enrollee must be under the care of a lymphedema specialist or program
    d. The lymphedema specialist must recommend compression garments. There must be a clear explanation of why "ready-made" ("off-the-shelf") items cannot be used. Custom compression garments require practitioner and lymphedema specialist documentation that demonstrates the medical necessity for custom garments. This must be clearly documented in the medical record. A letter stating reasons these garments are needed is not sufficient; clinical records must support medical necessity. Additionally, the clinical records supporting medical necessity must be dated prior to receipt of the garment(s) request.
    e. The amount of compression needed must be documented by the lymphedema specialist
    f. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken
    g. The ordering practitioner must have personally evaluated the Enrollee
    h. Documentation showing that the Enrollee has received training in proper donning and doffing techniques and has demonstrated the ability to properly perform these tasks is required
    i. Wearing compression garments can be uncomfortable. Enrollees must be educated regarding the importance of continuing the wear schedule recommended

by the lymphedema specialist to avoid an increase in fluid volume that would impair proper fit. Documentation submitted must demonstrate this has been done.

j. Enrollee may be approved two garments per affected extremity.

2. Replacement Garment Requirements:
    a. A documented diagnosis of lymphedema as well as the cause of the lymphedema (e.g. surgical procedure, cancer, traumatic episodes, underlying condition that has interrupted normal lymphatic drainage of the extremity).
    b. The previous compression garment's integrity cannot be restored (i.e. the garment is worn out).
    c. If the Enrollee's skin integrity and limb size are stable compared with their initial garment fitting, a note from the Enrollee's practitioner attesting to this and an order from their practitioner is sufficient. The Enrollee does not need a re-evaluation by a lymphedema specialist.
    d. Documented measurements required for the garment(s) ordered must be submitted as well as the date measurements were taken.
    e. If the Enrollee's skin integrity OR limb size are not stable compared with their initial garment fitting the Enrollee must be re-evaluated by a lymphedema specialist.
    f. If the Enrollee previously utilized "ready-made" garments and the replacement request is for a different type of garment the Enrollee must be evaluated by a lymphedema specialist or program.
    g. A maximum of two garments (per extremity) will be approved every six months.

3. The use of custom compression garments and/or compression garments designated on the DC Medicaid Fee Schedule as "Manual Pricing" will not be approved unless the above criteria are met.

4. Night Time Lymphedema Garments: Currently there is insufficient medical evidence proving efficacy for coverage of night time lymphedema garments or similar garments that use minimal compression and a baffle system or padded liners to attempt to decrease fibrosis and edema. These will be considered not medically necessary and will not be covered.

Summary of Changes:	**07/25:** • Updated to Director, Clinical Operations • No changes **07/24:** • Updated Responsible Parties to include only position titles and not names. **07/23:** • No substantive changes.

	07/22: • Updated Responsible Parties • Updated Approved • Added compression garments for any area other than extremity, hand, or foot will not be covered **10/20:** • New policy.